



# Rapid Assessment of HIV and Infant Feeding Work

## Indonesia

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**Report by:**

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## I. Country Profile

1. General: population 206 million (CBS 2000) consists of 17.000 islands, 300 cultures, and poverty about 27%, illiterate above ten years 10% more in women, women with primary education 32,4%. High STD cases, IDU (Inject able Drug Users) estimated 160.000 cases, IMR 46‰ (CBS 1997), MMR 307 /100.000 live births (source IDHS 2003)
2. Specific HIV Situation: HIV-AIDS cases estimation 90.000-130.000, pregnant woman with HIV positive 9.000, infants born from HIV+ mothers 40 babies (detected cases), estimated 2.250 – 3200 infants born from HIV positive mothers (MOH 2005), HIV policy: National Strategies on HIV-AIDS 2003-2007 by the National AIDS Commission, Guidelines on Care Support and Therapy by the MOH 2003, 25 HIV Referral hospitals, ARV programs '3 by 5' (for Indonesia 10.000 ARV in 2005)

## II. Answers for the 15 issues

1. Indonesia has an apex organization at national level: NAC since 1994 (National AIDS Commission) under the Coordinating Ministry for People Welfare which supervises HIV-AIDS programmes
2. We have a draft of specific national policy: Guidelines on PMTCT developed by MOH in May 2005, which is still in the process of finalization. But about PMTCT is mentioned in the National Strategies on HIV-AIDS 2003-2007 by NAC, which recommends Infant Formula. The Guidelines on Care Support and Therapy for HIV-AIDS by the MOH 2003 mentions: Clinical management of child with HIV + in Part I, H and PMTCT in Part III B which recommends Infant Formula with AFASS criteria.
3. HIV-AIDS is an integrated part and one of the priorities of the national health program, e.g.
  - In the MOH, is part of the program of the directorate of CDC, Medical Care, Family Health, Community Nutrition (policy and program implementation, incl. Guidelines, free ARV therapy-CST-Infant formula, surveillance, etc)
  - The Ministry for Women Empowerment: in the IEC program for women and adolescence
  - National Board for Family Planning: Condom use for dual protection for high risk groups: harm reduction, safe transfusion, universal precautions, STD reduction
  - The Ministry for People Welfare/ the NAC: the coordination function and to pass the national strategies 2003-2007
  - The Ministry for Social Affairs programs for the high-risk groups: CSW, gays, street children
  - The Ministry for Education IEC (life skill education) for school students and students of informal schools/ education

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- In the Ministry for Youth and Sports: IEC
  - Supported by national and international NGO's health programs, such as: the Breastfeeding Promotion Foundation, Women Organizations, Professional Organizations, FHI among others: Midwife Association: IEC: Management of STD and HIV disseminated in national congress 2003, the Light of Science (HIV) Foundation conducting studies, IEC, training, VST, CST
4. The strategies of PMTCT (draft) include the Prevention of HIV among infants: a. comprehensive MCH service, b. VCT, c. infant feeding option, d. optimal obstetrics service, e. ARV prophylaxes. With components including: Advocacy, ARV Access. Infant Feeding Option.
  5. The strategies are as follows: a. primary prevention among women in child bearing age, b. prevention of unintended pregnancy, c. PMTCT, d. care, support and treatment.
  6. In the Draft of the Technical Guidelines on IF- HIV 2004 and the Draft PMTCT Guidelines 2005, the infant feeding options are: a. Infant Formula, b. exclusive breastfeeding, c. pasteurized breast milk, d. cow's milk. Using counseling technique and offering informed consent.
  7. The policy on Exclusive breastfeeding is integrated in the draft of the national guidelines on HIV-IF and also as a separate policy as a Ministerial Decree (KepMenKes No 450/MenKes/SK/IV/2004)
  8. All the documents listed plus some national guidelines were provided as references in drafting the guidelines and at the brainstorming discussion meeting: International documents like WHO/UNICEF Global Strategy for Infant Young Child Feeding, WHO 2002; HIV and Infant Feeding Framework for Priority Action, WHO, 2003; HIV and Infant Feeding: Guidelines for Decision-Makers, WHO, 2003; HIV and Infant Feeding: A guide for health care managers and supervisors, WHO, 2003; National Strategy on HIV-AIDS 2003-2007; National guidelines on care, support and therapy for HIV 2003; HIV-IF Counseling training materials; Draft of National Guidelines on PMTCT 2005; draft Technical guidelines on infant feeding 2004
  9. The sources of scientific up-date materials were obtained from WHO, UNICEF up-dates, Linkages through various channels provided for the country, internet, researches/ studies by Universities and NGO's, international conferences, such as the International Colloquium for HIV-IF. New-Delhi 2002 etc
  10. In the country the module of the training on IF-HIV is available. But still lack of training program. This capacity building to build the skill of the health workers needs more attention and to be intensified
  11. The curriculum of training, we will use the 2000 WHO training module on HIV-IF, which will be reviewed and translated/ adapted
  12. The level of involvement of professional organization and NGO's needs to be strengthened with more coordination. Both technical and organization capacity including financial resources are urgently required.
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13. The role of the international agencies was to support and sponsor the programs, e.g. UNICEF, WHO, AUSAID, DFID (just started), USAID/ ASA/FHI
  14. Various government agencies were involved. The status of the involvement (See number 3)
  15. The policy of IYCF, the duration of EBF was 6 months followed by complementary foods after 6 months of age with continued breastfeeding for 2 years or beyond. This was launched by MOH as a Ministerial Decree 2004 (KEPMENKES 450/MENKES/SK /IV/2004)

**Critical areas:**

1. Capacity development: to review and adopt training materials, to promote and conduct training
2. Awareness: to strengthen the participation of stakeholders particularly of donor agencies for support for technical and organization capacity, including financial resources
3. Key processes: to draft POA to finalize PMTCT and IF-HIV Guidelines, to try out the draft guidelines, and the implementation and dissemination

*ASUPAN TENTANG HIV - MAKANAN BAYI*

- NAMA INSTITUSI
- ALAMAT
- CONTACT PERSON
- TELPON
- HP
- EMAIL
- PROGRAM HIV
- PROGRAM HIV - MAKANAN BAYI

